

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>2-5-10</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 1011330	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forlener, Depo, CMS File</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action



APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Center for Medicaid & State Operations

Disabled and Elderly Health Programs Group

JAN 15 2010

RECEIVED

Ms. Emma Forkner
Director
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

FEB 05 2010
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

We have reviewed South Carolina's State Plan Amendment (SPA) 09-009 received in the Atlanta Regional Office on December 2, 2009 and we are pleased to inform you that it is approved, effective October 1, 2009. Under this amendment, South Carolina revises its State plan to assure consistency and clarity regarding coverage for smoking cessation and over-the-counter drugs. This amendment provides safeguards to assure that Medicaid beneficiaries will continue to have access to appropriate drugs.

The Atlanta Regional Office will forward to you a copy of the CMS-179 form, as well as the pages approved for incorporation into the South Carolina Medicaid State Plan. If you have any questions regarding this amendment, please contact Bernadette Leeds at (410) 786-9463.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry Reed".

Larry Reed
Director

A handwritten signature in black ink, appearing to read "Bernadette Leeds".

Division of Pharmacy
Disabled & Elderly Health Programs Group

c: Mary Kaye Justis, Acting ARA, Atlanta Regional Office
Tandra Hodges, Atlanta Regional Office
Darlene Noonan, Atlanta Regional Office
Mary Holly, Atlanta Regional Office